



Virginia Commission on Youth 2010 Legislative Studies and Initiatives

STUDY OF JUVENILE OFFENDER REENTRY

Blue text indicates Recommendation was adopted by Commission on November 15, 2010.

COMMUNITY AND FAMILY

Findings/Conclusions	Recommendations - Adopted
<p>Finding #1 – Confinement may negatively impact the juvenile’s relationships with family, community, and pro-social peers.</p> <p>There are two keys to successful reentry: resiliency factors and maintaining connections with loved ones. Communication with family members can increase successful reentry by as much as 20%. Family members should be able to maintain communication with the juvenile during their time of commitment without unnecessary bureaucratic constraints. Positive communication and connections with family and the community allow effective supports to be maintained, thus providing the juvenile with a greater chance of successful reentry.</p> <p>It is often difficult for juveniles to maintain relationships with their families because the juvenile may be placed in a correctional center a long distance from their homes. For example, the family of a juvenile placed in the Culpeper Correctional Center may have to contend with a lack of public transportation, as well as restrictions on visitation. These challenges make it difficult for families and juveniles to maintain connections. To address this issue, in September 2010, the Department of Juvenile Justice (DJJ) began a pilot Video Visitation Program titled “Family Link.” The purpose of Family Link is to enable residents and their family members to visit via video in collaborative sites operated by DJJ and non-profit agencies. This contact will augment and support the DJJ visitation program, while fostering a stronger family connection and enhancing reentry initiatives.</p> <p>Another barrier identified by the Study Subcommittee is visitation guidelines not being consistently applied. Identification requirements for family visitation are not always communicated in advance. Additionally, the guidelines may not always be applied consistently because exceptions are sometimes made. In</p>	<ol style="list-style-type: none"> 1. Request DJJ review the Juvenile Correctional Centers’ (JCCs) visitation guidelines to ensure that they are applied consistently. Request DJJ create a handbook to ensure that visitation guidelines and identification requirements are shared with the juvenile’s family/caregivers in the mailed orientation package. 2. Request DJJ continue to allow programs such as the “Family Link” Video Visitation Program to go statewide by using community and faith-based partnerships. A report shall be provided to the Commission on Youth prior to the 2012 General Assembly Session. 3. Request DJJ review the JCC visitation guidelines to include specific parameters for the (i) identification and (ii) assessment for suitability of non-immediate family members and special visitors (e.g., coaches, neighbors, and family friends) to ensure that individuals who have served, or will serve as a positive support or role models to the juvenile during the time of commitment and upon reentry to the community, are approved for visitation at the JCC.

Findings/Conclusions	Recommendations - Adopted
<p>some instances, people have counterfeited clergy certifications to gain access, so pastors need to be prepared to present proper identification. Conversely, officials in the juvenile justice system may feel that the family, while visiting, sabotages the progress made by the juvenile while in custody. Finally, even though DJJ makes an effort to involve family members, a number of juveniles have families who do not want to be involved. Without family involvement, there are significant limitations on what can be done to further terms of effective reentry.</p>	
<p>Finding #2 – After commitment, juveniles may be returning to disadvantaged and socially disorganized neighborhoods, increasing the risk of recidivism.</p> <p>There are few community partnerships and informal support networks for juveniles returning to their communities. Effective community supports are critical to helping juveniles successfully reenter into their communities. Maintaining community ties and building a reentry plan for juveniles while they are confined are difficult due to physical distance between their home community and the facility where the youth is confined. Accordingly, there is a critical need for coordinated programs in order to reduce the risk of recidivism.</p> <p>The Study Subcommittee noted that mentoring can directly address the lack of community supports and negative influences. The very presence of a mentor in a youth's life can help to reduce isolation and provide needed supervision and support. A positive adult role model offers new perspectives to a juvenile who may lack positive, long-term adult relationships. Mentoring strengthens the likelihood that juveniles can overcome barriers that may otherwise prevent them from leading healthy and productive lives. Positive peer mentoring improves the outcomes of recidivism. Universities can play a major role and provide a valuable resource to juvenile offenders and their families. A service learning component could be developed which would enable university students to model behavior to help juveniles learn how to be successful in their communities.</p> <p>Another best-practice identified by the Study Subcommittee is the mapping of community services. The Urban Institute's Reentry Mapping Network is a community-based mapping partnership which collects and analyzes local data related to incarceration, reentry and community well-being. Mapping helps youth and adults identify resources and opportunities that exist in their community. For example, older juveniles may not have housing available to them after their release and have no remaining ties to family and friends on the outside. Mapping the locations of shelters, halfway houses, and other affordable housing in relation to where juveniles return can illustrate gaps in services and provide guidance in choosing appropriate housing options. Mapping can also identify assets in the community as well as help identify</p>	<ol style="list-style-type: none"> 1. Request DJJ, in conjunction with appropriate mentoring partnerships, where feasible, incorporate in the development of a juvenile's reentry plan a mentoring component for the purpose of assessing whether the juvenile is appropriate to participate in a mentoring program. Virginia's universities, colleges, and community college systems shall be included as a resource in this effort. 2. Support the Workforce Investment Boards (WIB) and WIB's Youth Councils efforts in completing the Youth Mapping of community services and request they share mapping information once completed with the Virginia's Prisoner and Juvenile Offender Reentry's Council. 3. Request that the Secretary of Health and Human Resources investigate expanding Virginia 2-1-1 in the development of a reentry mapping network for Virginia. Other public and privately-operated information and referral systems, such as virginiahousingsearch.com and socialserve.org, will be asked to participate in this effort.

Findings/Conclusions	Recommendations - Adopted
<p>employment options. An example of mapping is the National Reinvestment Project in Brooklyn, which identifies “million dollar blocks” and makes prevention investments in these blocks by identifying productive services. TANF funding is a possible funding source for this initiative because it connects vulnerable citizens to existing community-based services. Representatives from the Administration indicated that they are investigating the mapping of community services as part of the implementation of Virginia’s Second Chance Grant award.</p>	
<p>Finding #3 – There is a lack of community options for gradual release to the community for juvenile offenders.</p> <p>Community reintegration strategies may be incorporated for the juvenile through home visits or gradual release, and intensive aftercare services. Budget cuts, however, have had a tremendous impact upon crime control funds and gradual release programs. DJJ operates two halfway houses (Abraxas House and Hampton Place) designed to provide transitional skills to juveniles leaving DJJ's correctional centers. Hampton Place serves as a transitional home for sex offenders. Each halfway house program, serving approximately 10 youth, is designed to take advantage of the unique resources available in its community to meet the needs of the residents. The six-month program seeks to provide additional skills to promote a continued positive adjustment and reduce the risk of recidivism. DJJ begins to assess community services at the beginning of the commitment process but this can be difficult, especially for juveniles previously served in foster care, because juveniles are no longer in foster care once they are in the custody of DJJ.</p> <p>Virginia’s Post Dispositional (Post-D) programs are also extremely effective. These are locally-administered and mostly funded with local funds. The Post-D Program is a long-term program (up to six months) which allows juveniles between the ages of 14 to 17 to serve their sentence in their local detention center while receiving local treatment services designed to address the reason for court involvement. This program of local confinement, treatment services and release plans increases the juvenile’s awareness of the consequences of delinquent activity; balances the community’s needs with the resident’s future involvement with the resident court system; and reduces the percentage of residents with juvenile court records who enter the adult correctional system. Detention Superintendents authorize work release for juveniles in detention/Post-D programs. However, in light of recent budget cuts for detention homes, additional resources will be needed to expand these programs.</p>	<ol style="list-style-type: none"> 1. Request the Secretary of Public Safety recommend including a gradual release component in the Virginia’s Prisoner and Juvenile Offender Reentry’s Council long-term strategic plan which is to be submitted to the Governor. Such a component will include an assessment for qualifying juveniles and will allow qualifying juveniles to step-down to graduated programs 30 to 60 days prior to their release. The component will also enable DJJ to establish partnerships with private and/or public providers to offer identified step-down services to qualifying juveniles. (Referred to the Governor’s Prisoner Reentry Council) 2. Request the Governor include funding in the FY2012 budget for additional transitional living and halfway houses for juvenile offenders. (Adopted 10/20/10) 3. Introduce a budget amendment to fund additional transitional living and halfway houses for juvenile offenders. (Referred to the Governor’s Prisoner Reentry Council) 4. Introduce a budget amendment to provide state funding for locally-administered Post-D programs. (Referred to the Governor’s Prisoner Reentry Council)

Findings/Conclusions	Recommendations - Adopted
<p>Finding #4 – Juvenile offenders returning to their home communities may be prohibited from living with their families if their families are residing in public housing.</p> <p>As discussed by the Virginia’s Prisoner and Juvenile Offender Reentry Council, federal law requires criminal background checks to be done on adult household members applying to live in public housing. These federal requirements may restrict offenders with certain convictions. However, this may also be a barrier to juveniles returning home after commitment to DJJ. Because federal law gives local public housing agencies liberal discretion to deny housing to individuals with certain criminal backgrounds, landlords are allowed to screen and deny housing based on past criminal convictions. While this may be appropriate for drug offenses or if the crime was physical or violent nature, juveniles without adult convictions should be permitted to reside in public housing. Local housing authorities may also be interpreting juvenile adjudications similarly to adult criminal convictions.</p>	<p>Request the Virginia Housing Commission, with assistance from the Office of the Attorney General and in conjunction with the Commission on Youth, assess local housing authorities’ application of laws pertaining to criminal background checks to determine their impact upon juveniles returning to their communities and whether current practices need to be modified. Strategies, such as an education component of the importance of reentry of juveniles returning to their communities and the differences in juvenile and adult offenders should be developed to share with local housing authorities. This information would be shared with the Governor’s Prisoner and Juvenile Offender Reentry Council.</p>

EDUCATION & WORKFORCE

Findings/Conclusions	Recommendations - Adopted
<p>Finding #1 – Juveniles in the custody of the Department of Juvenile Justice (DJJ) may be encouraged to obtain a GED rather than graduate with a high school diploma.</p> <p>DJJ’s Reception and Diagnostic Center (RDC) receives the juvenile’s academic record from the juvenile’s home school at intake. RDC and Department of Correctional Education (DCE) staff review the juvenile’s assessment, school record and existing educational track, along with any disciplinary activity (e.g., suspension or expulsion). The DCE strives to keep the juvenile on same educational track: (modified, standard, or special diploma), as they were prior to their commitment. However, it is not uncommon for the juvenile to be very behind in credits. In addition, older juveniles may read at an elementary grade level.</p> <p>For the juvenile seeking meaningful employment, a high school diploma, along with career training, provides for more meaningful employment opportunities than a GED.</p>	<p>Request (or support) DCE integrate the provisions set forth in the Department of Education’s Academic and Career Plan (ACP) into the juveniles’ educational program.</p>

Findings/Conclusions	Recommendations - Adopted
<p>Finding #2 – Juvenile committed to the Department of Juvenile Justice may fall behind in obtaining high school credits while they are detained at the Reception and Diagnostic Center.</p> <p>Juveniles detained at local detention homes receive educational services through the local school division, using the Standards of Learning (SOL) as a guide for instruction. Local educators work with the juveniles to encourage them to maintain or improve their academic standing and assist them in reintegrating into their home schools.</p> <p>Local school divisions provide information to the RDC regarding the education track and academic standing of the juvenile. All juveniles committed to DJJ begin their commitment at RDC, which is a secure confinement located in Chesterfield County. Juveniles receive medical, psychological, academic, sociological, and behavioral evaluation. At RDC, DJJ staff determines the juvenile's classification, calculates the Length of Stay, develops a treatment plan, and selects the juvenile's JCC placement.</p> <p>While at RDC, the juvenile does not remain on the same educational track as established at the local detention home. Instead, the juvenile receives supplemental educational services provided by the DCE while waiting to be transferred to a JCC. Typically, a juvenile is at RDC for approximately four weeks. The juvenile's educational track for obtaining a high school diploma may be delayed while detained at RDC. Once the juvenile is placed at a JCC, their educational track (e.g., obtaining high school diploma) commences. However, the juvenile has lost valuable instructional time and has also fallen behind.</p>	<p>Request DCE, in conjunction with DJJ and DOE, study the feasibility of continuing the juvenile's education track, as established at the local juvenile detention center, at the Reception and Diagnostic Center through web-based technologies and/or other strategies that incorporate the SOLs. (Referred to the Governor's Prisoner Reentry Council)</p>
<p>Finding #3 – Transition planning for reenrolling the juvenile in school does not always occur within the regulatory timeframes; there may be a lag in transmitting the juvenile's record and in developing the juvenile's reentry plan.</p> <p>Schools have 30-days notice of reenrollment. Once DJJ notifies DCE staff of a juvenile's pending release, DCE staff formulates a preliminary reenrollment plan and invites the reenrollment coordinator at the receiving school to meet. The preliminary plan is subsequently sent to the school. However, practices vary depending on how quickly the JCC staff contacts the school division and how quickly the point-person from the local school division notifies personnel within the division. Typically, DJJ, DCE and local school division staff responsible for the juvenile's reenrollment may be in a rush to get the juvenile reenrolled in school. It can be a challenge to involve all of the educational representatives in a timely fashion. DCE staff may not always be aware of the juvenile's exact release date if the juvenile is required to reappear before the judge. This can affect reenrollment timeframes, when it is critical that all systems work together.</p> <p>Practices may vary among school divisions, although DOE provides training on procedures for the school reenrollment coordinators, DJJ and DCE staff.</p>	<ol style="list-style-type: none"> 1. Request DOE, DJJ, and DCE conduct a survey to ascertain commonly-encountered barriers to reenrollment. Request that the identified issues and recommended solutions be shared with the Commission on Youth prior to the 2012 General Assembly Session. 2. Request DOE report school completion and dropout rates for juveniles who have been committed to DJJ or who have been sentenced to a Post-Dispositional placement.

Findings/Conclusions	Recommendations - Adopted
<p>Finding #4 – Transition planning for a juvenile previously in foster care needs to begin at the time of his commitment. A juvenile returning from DJJ may have difficulty transitioning into the community because they were in foster care prior to their commitment.</p> <p>DJJ no longer has custody when the juvenile is released into the community. Custody reverts to the Department of Social Services (DSS) upon release if the juvenile is younger than eighteen years old. Juveniles eighteen years or older who were formerly in foster care are considered adults and are not “in” foster care (See §§63.2-100 and 63.2-900). They are, however, eligible to continue receiving independent living services as defined in §63.2-905.1 based on whether or not the locality chooses to continue serving youth over age eighteen. With the exception of room and board and foster care placement (i.e., placement in a foster home, residential or group home setting), independent living services may be paid for by federal Chafee funding (based on the availability of funds). Comprehensive Services Act funds are also available to support the provision of services to these youth, including funds to assist in room and board (or rent) depending on the policies of the local Community and Policy Management Team (CPMT). DSS does not keep the case active while the juvenile is in the custody of DJJ because DSS transfers custody of the juvenile to DJJ once the juvenile is committed.</p> <p>Because of the passage of the federal <i>Fostering Connections to Success and Increasing Adoptions Act of 2008</i>, DSS and DOE formed a committee to implement the provisions of the federal law. DSS and DOE developed joint guidance on school placement for children in foster care. This guidance will be incorporated into the DSS Foster Care Manual once DOE approves the guidance. The DOE Superintendent’s memo announcing the new guidance to the local education agencies (LEAs) is tentatively scheduled to be distributed in November 2010. They also developed two forms to assist LDSS and schools to: 1) determine the school placement that is in the child’s best interest; and 2) immediately enroll the child in the school of residence for the child’s new placement, if remaining in the same school is not in the child’s best interest. This guidance will be a resource for all involved parties and is applicable to youth exiting DJJ and returning to the LDSS.</p>	<ol style="list-style-type: none"> 1. Request DJJ, DSS, OCS, DOE, and local key stakeholders review current guidance and develop or revise guidance and procedures across state agencies to ensure that Juvenile Correctional Centers (JCC) include LDSS and the Family Assessment and Planning Teams (FAPTs) in the juvenile’s reentry planning and educational transitional planning. Guidance should include the LDSS’ involvement in initial case planning at the Reception and Diagnostic Center (RDC) to clarify the long-term permanency plan for the juvenile and how the JCC can support that plan throughout the juvenile’s commitment to DJJ. 2. Request the DOE/DSS education committee on the federal <i>Fostering Connections to Success and Increasing Adoptions Act of 2008</i> involve DJJ and DCE to coordinate implementation of the guidance on educational placement of youth returning from DJJ to the LDSS in DJJ discharge planning. The committee should also review DSS, DOE and DJJ Code sections, identifying inconsistencies related to the educational needs and placements of youth, and provide recommendations for legislative changes to the Commission on Youth. 3. Amend §16.1-293 of the <i>Code of Virginia</i> to require that the court services unit (CSU) consult with the local department of social services 90 days prior (instead of four weeks) to the person’s release from commitment on parole supervision concerning return of the person to the locality and the placement of the person’s terms and conditions of parole. Further, amend this section of the <i>Code</i> to require the JCC and LDSS to work collaboratively in developing a transition plan from the JCC to the LDSS.

Findings/Conclusions	Recommendations - Adopted
<p>Finding #5 – Workforce development is a key issue for a significant percentage of juveniles leaving DJJ who may be older youth or young adults.</p> <p>DCE strives to prepare juveniles for school reentry and/or the workforce. DCE provides education instruction and operates youth enterprise programs, which allows juveniles gain licensure in a particular occupation. However, many juveniles struggle to find employment once they reenter their community. Statistics on the problem of recidivism in Hampton and Newport News highlight the need for workforce development:</p> <ul style="list-style-type: none"> • of 48 juveniles ages 18 or older released in 2007, 21 were reconvicted within 12 months – a 1 year reconviction rate of 43.8%; and • of 52 juveniles ages 18 or older released in 2005, 37 were reconvicted within 36 months – a 3 year reconviction rate of 71.2%. <p>DJJ, in conjunction with DCE, developed the Youth Industries Program to train older, incarcerated youth who follow program requirements and who do not have behavior issues. The Youth Industries Program is a juvenile enterprise program designed to teach marketable skills and workplace behaviors to juvenile committed to DJJ. Youth Industries provides committed juveniles with work experience and encourages employment upon reentry.</p> <p>Virginia's Community College System has oversight of the federal <i>Workforce Development Act</i> (WIA). WIA provides opportunities for workforce investment activities through a statewide board and 15 local workforce investment boards (WIB). Each local board has a One-Stop Career Center that assists dislocated workers. WIBs primary focus is the transitioning of laid-off employees. Juveniles being released from DJJ into the community are typically not served by their WIBs and One-Stop Centers. The WIA requirements have increased accountability and give no incentives for One-Stop Centers to serve juvenile offenders.</p> <p>However, one of Virginia's One-Stop Center, One Peninsula Worklink, is developing a program geared to juvenile offenders reentering the workforce. The Peninsula Worklink Reentry to Education and Employment Project (REEP) received a \$75,000 grant to expand staff's ability to serve reentry juveniles.</p> <p>The Study Subcommittee discussed Virginia's Middle College Program, which can be effective in providing support to juvenile offenders who have dropped out of school and would like to return. This program could help juveniles transitioning from high school into community college. Five colleges participated in this program; however, budget cuts have reduced the program. Virginia needs to develop careers and lifelong learners in all of its populations.</p> <p>The Study Subcommittee also noted that the Work Opportunity Tax Credit (WOTC) provides a federal tax credit incentive to private-sector businesses for hiring individuals from 12 target groups (including adult and juvenile offenders) who have consistently faced significant barriers to employment.</p>	<ol style="list-style-type: none"> 1. Amend §66-25.1 of the <i>Code of Virginia</i> to expand the membership of the Virginia Juvenile Enterprise Committee to include the Office of the Secretary of Education, Virginia Community College System, representatives from the WIA and the local WIBs, potential employers of juvenile offenders, and the Department of Correctional Education. 2. Amend §66-25.1 of the <i>Code of Virginia</i> to expand the role of the Virginia Juvenile Enterprise to include developing a plan for the creation of a network of employers willing to hire juvenile offenders reentering their communities. 3. Request the VCCS and the DCE to create educational materials to be shared with juvenile offenders about the effectiveness of Virginia's Middle College Program. 4. Support the current level of funding for Virginia's Middle College Program. 5. Request the Secretary of Public Safety, the Secretary of Commerce and Trade, and the VCCS/WIA develop a strategy to communicate with business community information about the WOTC. 6. Request DJJ investigate the feasibility, need and cost to expand the Youth Industries' programs to increase the number of juveniles participating in Career and Technical Education Programs and increase the numbers of programs offered. Request DJJ develop a Youth Industries plan that focuses on areas of professional credentials, using the Virginia Employment Commission's forecasts of future employment needs. The plan will also encourage DJJ to allow, when appropriate, youth to acquire certifications and/or licenses while under direct care to increase the likelihood of gainful employment.

Findings/Conclusions	Recommendations - Adopted
<p>Finding #6 – There is confusion about the confidentiality of juvenile records. This confusion can prevent the juvenile from obtaining employment or pursuing higher education.</p> <p>There is no consistency in the purging of juvenile records. This is particularly problematic for a juvenile charged with a misdemeanor when the charge is dismissed. This action may not be reflected in the juvenile's record and can adversely impact a juvenile. There is a need to expunge records so employers cannot obtain the juvenile's prior records. These records may be transmitted to the Department of Motor Vehicles (DMV) when the juvenile's license is suspended. The juvenile's record "attaches" to their DMV record. However, when the juvenile returns to the community, their criminal record is still accessible. Thus, the juvenile's offense keeps them from obtaining employment or enrolling in certain community colleges. This may also impact financial aid.</p> <p>There is also confusion about the check-off box on both college and employment applications and whether the juvenile is to select the juvenile check YES or NO if they were adjudicated of a felony. The Study Subcommittee asserted that there needs to be a balance between maintaining public safety and allowing the juvenile to have a second chance. Additionally, §16.1-308 of the <i>Code of Virginia</i> prohibits any state or local governmental agency from disqualifying a juvenile found guilty on a petition charging delinquency from employment.</p>	<ol style="list-style-type: none"> 1. Request the Virginia State Crime Commission convene a workgroup of impacted agencies and stakeholders to review existing juvenile record requirements and establish guidelines for the protection of, as well as for the purging of juvenile records after the juvenile's adjudication date. This will include establishing a process for purging juvenile records from the DMV system. 2. Request the VCCS transmit consistent guidelines to Virginia community colleges regarding admission policies for juvenile offenders reentering their communities. Such guidelines will also address the protection of juvenile records.

MENTAL HEALTH & SUBSTANCE ABUSE

Findings/Conclusions	Recommendations - Adopted
<p>Finding #1 – In Virginia, Medicaid is terminated upon commitment, based on federal requirements prohibiting federal Medicaid funds from being used on inmates of public institutions. This provision is applied to juveniles committed to DJJ.</p> <p>Virginia elects to terminate, rather than suspend, Medicaid because of the requirement that any status changes be reported. Federal rules require determination of financial eligibility for Medicaid must be made within 45 days from the date of application. Forty-five days prior to release, DJJ begins to prepare for reenrolling juveniles back into Medicaid. However, there is often a problem with redetermination because a parent or guardian must be involved in the process. Redetermination may be problematic when the parent or caregiver is not involved.</p> <p>There is also variability among local DSS offices regarding Medicaid redeterminations. Some offices may not accept an application for Medicaid until the juvenile is released, whereas others do not accept the application because there is uncertainty about who can apply on behalf of the juvenile. The Department of Medical Assistance Services (DMAS) and DJJ are working to address this. The main goal of Virginia's Mental Health Transition Plan is to avoid juveniles' not receiving essential/required medications.</p> <p>Foster care services terminate upon commitment, so DSS no longer has custody when a juvenile is committed to DJJ. Further, DJJ does not act as a guardian over the juvenile while</p>	<ol style="list-style-type: none"> 1. Request DMAS develop a plan addressing systemic, legal, and budgetary impact of suspending, rather than terminating, Medicaid for juveniles. 2. Introduce a budget amendment, with necessary funding, to modify Virginia Medicaid requirements to allow for the suspension of Medicaid benefits for juveniles who are committed to DJJ. 3. Request that DMAS, DSS, and DJJ develop guidelines to make local DSS' reenrollment practices more consistent. Guidelines would clarify which agency is responsible for which role. 4. Request DJJ, in conjunction with DSS and DMAS, to implement the procedures set forth in the DSS eligibility guidance manuals to begin the process of eligibility determinations for Medicaid 45-days prior to release.

Findings/Conclusions	Recommendations - Adopted
<p>in custody. This creates a problem for a juvenile who comes from DSS and, upon release, is under age 18, because the juvenile has no guardian to reapply for Medicaid on their behalf.</p> <p>DSS receives 30 days' notice prior to the juvenile's release. However, Medicaid can be applied for up to 45-days prior to the juvenile's release. DJJ and DSS policies should be established to allow for more seamless reenrollment into Medicaid that is part of the discharge planning for youth returning local departments of social services following commitment to DJJ.</p>	
<p>Finding #2 – Implementing the provisions set forth in the juvenile's Mental Health Transition Plan is problematic due to gaps in available services and lack of health insurance.</p> <p>The Mental Health Transition Plan is helpful; however, implementing the Plan is problematic. Frequently, the services included in the Plan do not exist in the juvenile's community. This is especially challenging in rural areas. For example, there is a shortage of child psychiatrists in Virginia. This is a huge barrier for those juveniles who must access a psychiatrist for psychotropic medication management. Released juveniles are given a 30-day supply of medication. However, they will often request refills in addition to the 30-day supply, because they are unable to locate a provider or schedule an appointment.</p> <p>In addition, there are differences among the 40 Community Services Boards (CSBs) services across the Commonwealth. DJJ's Court Services Units (CSUs) negotiate agreements with them. All evaluations, including mental health evaluations, take place at the RDC. The parole officer takes the juvenile's Plan and then schedules a follow-up meeting in the community to arrange for services if the juvenile has private health insurance. If the Plan indicates the juvenile needs substance abuse services and if substance abuse services are unavailable for the juvenile in the community, the juvenile usually does not receive the needed service. Thus, juveniles "fall down" when they return home because services they were receiving while in the custody of DJJ are not available to them in their communities. In addition, a large percentage of released juveniles do not fit into any mandated mental health category and are not eligible for services funded by the Comprehensive Services Act. If juvenile offenders are Medicaid-eligible, transportation to distant providers is a covered service. Telemedicine, a covered service under Medicaid, may increase access to psychiatric professionals. However, there are specific requirements which must be fulfilled in order for the service to be reimbursed. Juveniles without health insurance have no money to pay for services. For juveniles ages 18-21, the primary problem is access. Juveniles without health insurance have no choice but to use the emergency room instead a private physician. They may then accumulate debt from incurred emergency room and ambulance costs.</p> <p>The Study Subcommittee asserted that services should be linked both upon release from a facility and upon release from parole. The youth or family might not always have the appropriate skills and resources to make this happen.</p>	<ol style="list-style-type: none"> 1. Request the Office of Comprehensive Services for At-Risk Youth and Families examine the feasibility and cost of including juvenile offenders with mental health needs as a mandated population under the Comprehensive Services Act. 2. Request the Secretary of Health and Human Services establish guidelines to encourage the use of telemedicine in Virginia localities not having psychiatric services.

SPECIAL POPULATIONS

Findings/Conclusions	Recommendations - Adopted
<p>Finding #1 – There are not enough independent living options for older juveniles (ages 18-21). Services may not be available for older juveniles who are released. The need for permanency planning applies to all youth, including older ones.</p> <p>Independent living programs may be an option for juveniles ages 18-21 who are being released from DJJ and who were receiving foster care services from DSS at the time of commitment. However, these juveniles must reapply to DSS to receive foster care services in order to be eligible for independent living services. Additionally, independent living services provided by DSS are not available to juveniles over the age of 18 who were not previously served in foster care. Regardless of eligibility for foster care or independent living, private providers may not allow adjudicated juveniles into their independent living facility or group homes. Families may “wash their hands” of the juvenile. As a result, the juvenile may not have access to housing when released from DJJ. Frequently, these youth have developmental concerns but they are expected to be autonomous.</p> <p>This is particularly an issue for juveniles committed with a blended (juvenile/adult) sentence. Often, a juvenile is over 18 and, while they are on juvenile parole, they are unable to obtain needed services (i.e., they age out of group homes and are no longer eligible for other services). There can be a lack of family/community ties for older youth with histories of out-of-home placements.</p> <p><i>The following information was provided by the Department of Social Services. Limited federal independent living services may be an option for juveniles’ ages 18-21 who are being released from DJJ and who were receiving foster care services from DSS at the time of commitment. These juveniles should contact their local department of social services (LDSS) and request to receive independent living services. If the LDSS does not provide these services to this category of youth, the youth can receive some independent living assistance through United Methodist Family Services’ Project LIFE Program, funded by DSS to serve older youth. However, funding for these DSS services is limited. Federal Title IV-E Chafee funds are capped and are fully expended every year serving the current population of eligible youth in and exiting foster care. In addition, states receiving these funds are encouraged to provide independent living services for youth in foster care who were adopted at age 16 and above in the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. These services provide extremely limited funds for the room and board of youth. Only 30% of the funds allocated to each LDSS for independent living services may be used for room and board purposes. As a result, LDSS rely on the independent living stipend from the Comprehensive Services Act (up to \$644/mo) to help older youth in and exiting foster care pay for housing. Additionally, independent living services provided by DSS are not available to juveniles over the age of 18 who were not previously served in foster care. If the youth’s family is unavailable or unwilling to allow the youth to return home, he or she is left to fend for him/herself if no other services are available. As a result, the juvenile may not have access to housing or other supports when released from DJJ. Frequently, these youth have developmental concerns but they are expected to be autonomous.</i></p>	<ol style="list-style-type: none"> 1. Request the State Executive Council research whether foster care prevention services through the Comprehensive Services Act can be accessed for juveniles returning to their families to assist in their reunification. 2. Request DSS investigate the feasibility of legislative changes needed and the fiscal impact of allowing youth to remain in foster care until age 21 in order to receive independent living services.

Findings/Conclusions	Recommendations - Adopted
<p>Finding #2 – “One size fits all” programming is not appropriate to this population. For example, most programs have been validated on male populations. There is a question about their appropriateness for females.</p> <p>Involvement in the juvenile justice system for females creates additional psychosocial, economic and other cumulative effects. Females also lose their status in the family. There is a need to do something differently. Females receive other “invisible punishments.”</p> <p>Existing treatment programs are not gender-specific. Female offenders have more internalizing symptoms whereas males have more externalizing symptoms and delinquency. Females may require programs and treatments for depression, whereas and males typically require conflict resolution.</p> <p>DJJ offers gender specific programs. Bon Air Juvenile Correctional Center houses all of female offenders. At the Reception and Diagnostic Center, DJJ provides medical, psychological, academic, sociological and behavioral evaluation, classification, calculation of the Length of Stay, treatment planning, and placement. If DJJ finds that the juvenile has been previously abused, they report those findings to Child Protection Services (CPS). DJJ will not return the juvenile to an abusive home.</p> <p>Female offenders typically have longer lengths of stay because they tend to be more serious offenders. In addition, their treatment plan requires more services within the JCC. It would be helpful to have a resource guide for these juveniles and their families.</p>	<p>Request DJJ create a resource guide for juveniles and their families which identifies successful programs which are gender-specific and involve the entire family.</p>
<p>Finding #3 – A number of the juvenile offenders committed to DJJ are parents. There is a small percentage of female offenders who are mothers and require unique services.</p> <p>The female population at DJJ is small. In 2008, 60 females were committed to DJJ. As of this meeting, only 25 female offenders were at a JCC. Research shows that 40-60% of the mothers of juvenile offenders have also been incarcerated. DJJ offers motherhood programs such as Baby Think it Over. DJJ coordinates with the family to ensure that the child has childcare and the juvenile mother has an opportunity to visit with her child.</p>	<p>Support DJJ’s current program activities that provide services to committed youth who are parents and DJJ’s efforts to address generational issues which impact incarcerated parents, particularly mothers and their daughters.</p>
<p>Finding #4 – Juveniles are frequently released to grandparents or extended family members.</p> <p>Complexity of the family adds to the difficulty of transition. Grandparents may not have the skills to handle a teenager and may be ill-equipped to care for a juvenile offender with identified mental health, behavioral, developmental or substance abuse issues. There is also a unique dynamic in that the family and the grandparents may have witnessed intergenerational cycles of incarceration.</p>	<p>Request the Special Advisor to the Governor on Children’s Services study the feasibility of providing community supports to kinship care providers of juvenile offenders in the child transformation/kinship care activities.</p>

OVERARCHING ISSUES

Findings/Conclusions	Recommendations - Adopted
<p>Finding #1 – Multiple systems makes it very difficult to coordinate and provide services. There are issues with regards to turf, responsibility and accountability, and resources.</p> <p>Agencies who are involved in different aspects of the juvenile justice arena include the courts, DJJ, and/or local detention homes, local CSUs, DCE, DOE, local school divisions, schools, the Department of Behavioral Health and Developmental Services (DBHDS), CSBs, DSS, local social service agencies. The involvement of multiple and fragmented systems is confusing for the juvenile and his family. DJJ currently is in the process of developing a singular reentry plan for juveniles committed to the Department.</p>	<p>Support DJJ's efforts to develop and implement a singular reentry plan for the juveniles committed to the Department.</p>
<p>Finding #2 – There is confusion among Virginia's laws and law-related terminology. Juveniles may not understand Virginia's laws, how they apply to them and how breaking these laws may have lasting repercussions upon their future. Juveniles may not understand that certain offenses carry certain penalties which may follow them into their adulthood. Moreover, there are multiple systems and terminology. There is confusion regarding the differences between a juvenile who has been adjudicated in juvenile court and one convicted as an adult in Circuit Court. There is also confusion about youthful offenders. Clarification about Virginia's laws and terms, as they affect juveniles, would be helpful to both juveniles and adults alike. In addition, such knowledge may be helpful to educate youth and potentially preventing criminal activities.</p>	<ol style="list-style-type: none"> 1. Support the Office of the Attorney General's Virginia Rules Program which educates teens about Virginia laws and how these laws impact their day-to-day lives. 2. Request the Office of the Attorney General create a resource guide, including a web-based guide, explaining the terminology associated with the juvenile justice system in Virginia.

STUDY OF BARRIERS TO KINSHIP CARE IN VIRGINIA

Blue text indicates Recommendation was adopted by Commission on November 15, 2010.

Findings/Conclusions	Recommendations - Adopted
<p>Finding #1 – Attitudes about kinship care are not always positive. Kinship care, as set forth in § 63.2-100 of the <i>Code of Virginia</i>, is defined as the full-time care, nurturing, and protection of a child by relatives. The Virginia Department of Social Services' policy extends kinship care to the protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. Policymakers are increasingly looking to kinship care as a placement option for children in need of foster care. Separating a child from their parents, even abusive or neglectful ones, can be very traumatic for the child. Kinship care reduces this trauma by placing the child with adults whom he or she already knows. Children in kinship care achieve permanency at higher rates, experience better placement stability, and have shorter lengths of stay. Visitation with birth parents and siblings is more frequent and placement with siblings is more likely.</p> <p>Despite the optimistic reasoning behind kinship care, negative attitudes still persist. Kinship care advocates have fought for years to overcome the negative perception held by child welfare workers that "the apple does not fall far from the tree" due to the perception that parents who are abusive may have been abused themselves. However, recent studies indicate that most children in kinship care are placed there because of parental neglect rather than abuse. Another persistent negative attitude is the belief that "families should take care of their own kin." This traditional approach to family functioning regards kinship care as an unwarranted reliance upon parties outside the immediate family. Individuals who subscribe to this sentiment feel that, by having children, parents implicitly take on the responsibility to care for their children no matter the circumstance. Thus, they are critical of paying relatives to care for children. Finally, the view that "families do not want government involvement" also pervades otherwise positive attitudes on kinship care. Those who subscribe to this notion believe that the government should not be interfering with family structures or arrangements. Families, according to some, should be beyond the reach of governmental interference and thus any government involvement in kinship care is unwelcome intrusion into private matters.</p> <p>Finally, it is important to note that there are two forms of kinship care arrangements. Kinship care may refer to relative foster placements or formal kinship care. In Virginia; however, the majority of kinship care arrangements are informal kinship care in that there is no child welfare involvement and care is provided by relatives in the absence of a parent. Informal kinship care refers to the lack of child welfare agency involvement, not the lack of permanency.</p>	<ol style="list-style-type: none"> 1. Support the continued implementation of Virginia's Children's Services System Transformation. 2. Request the Department of Social Services clarify policies and provide training to ensure kinship care, both formal and informal kinship care, is identified as a goal for permanency.

Findings/Conclusions	Recommendations - Adopted
<p>Finding #2 – Accessing resources is difficult for relatives raising children. There is considerable lack of knowledge about what resources are available for relative caregivers. Relative caregivers assert that resources, not money, are needed to assist them in raising the children placed in their care. Specifically, child care, health care, mental health services, housing, and transportation were identified by caregivers as most needed, but either lacking or unavailable. Because schools and social service agencies are not integrated, it is extremely difficult for relative caregivers to access community services for their children. Finally, legal aid has been identified by relative caregivers as a critical service in that it helps them resolve custody arrangements, school enrollment issues, and other legal matters. In Virginia, accessing resources is complicated by the great disparity in service availability across the Commonwealth. Relative caregivers are particularly isolated in Virginia's rural localities, which makes accessing community services even more difficult.</p> <p>Kinship caregivers may not be aware that they may be eligible for a variety of programs such as Temporary Assistance for Needy Families (TANF), Virginia's Family Access to Medical Insurance Security (FAMIS), Medicaid, the Women, Infants, and Children Program (WIC), or for services available through Virginia's Comprehensive Services Act (CSA). There is also a lack of knowledge among kinship care providers regarding Virginia 2-1-1, a telephone and Internet service that provides access to services from a health and human services database. Virginia 2-1-1 is a helpful information and referral resource for kinship caregivers because trained professionals can help link relatives to government, nonprofit, privately-funded, and/or community-based services pertinent for their specific needs.</p>	<ol style="list-style-type: none"> 1. Request the Virginia Department for the Aging Kinship Care Task Force develop a plan for the creation of a Kinship Care Navigator. This effort will include local departments of social services, local health departments, Virginia's Area Agencies on Aging (AAAs), community services boards (CSBs), local school divisions, and community action agencies and will address dissemination of information to relative caregivers regarding available social service programs and benefits (e.g., TANF, FAMIS, Medicaid, WIC, housing assistance, and the Comprehensive Services Act). Potential public and/or private funding sources will be included in this plan. The Department will report on the status of this plan to the Commission on Youth prior to the 2012 General Assembly Session. 2. Request the Department of Social Services develop a plan for using Virginia 2-1-1 to serve as a resource tool for juveniles released into the community in assisting them transition back to the community.
<p>Finding #3 – Funding for kinship care is not always perceived as an investment. Funding for kinship care services has not been a priority, primarily due to the attitudes surrounding kinship care outlined in Finding #1. However, kinship care is typically less costly in the long-run by preventing the stigma and intrusion of child welfare system and by preventing a more restrictive foster care placement. In a 2007 report by the Joint Legislative Audit and Review Commission (JLARC), Evaluation of Children's Residential Services Delivered through the Comprehensive Service Act, "[the] lack of foster families was identified by local Community Policy and Management Teams (CPMTs) as a critical service gap." Findings showed that 62% of local departments placed a child in an overly intensive or restrictive service. As noted in the JLARC report, it is more than <u>4 times</u> as expensive to serve a child in a residential environment as in the community (average annual cost of \$48,129 per year versus \$11,360 per year in 2005). Serving even a seemingly low number of children in a setting that is overly restrictive can quickly escalate program costs. More importantly, stakeholders interviewed for the JLARC report consistently indicated that removing children from their families and communities could negatively affect their well-being and ability to surmount their behavioral and emotional problems. Conversely, children in kinship care placements generally have a greater likelihood of being successful and not experiencing negative outcomes (e.g., dropping out of school or incarceration).</p>	<p>Request the Department of Social Services move forward with implementing the Custody Assistance Program (formerly Subsidized Custody to a Relative Program). Request the Department of Social Services report on the costs of providing formal kinship care as compared to therapeutic foster care, residential treatment, and even the cost of incarceration. The benefits and positive outcomes experienced by children who are placed with family members will also be included in this report. The Department shall report these findings to the Commission on Youth prior to the 2012 General Assembly Session.</p>

Findings/Conclusions	Recommendations - Adopted
<p>In a 2009 decision brief published by the Virginia Department of Social Services (DSS), the benefits of providing kinship guardianship assistance payments were outlined. In Virginia, this type of kinship guardianship payments is called Custody Assistance. Custody Assistance has the potential to be cost-effective by increasing permanency and decreasing emancipation from foster care without permanent family connections. In 2008, the federal <i>Fostering Connections to Success and Increasing Adoptions Act</i> was passed and signed into law. This Act strives to achieve better outcomes for children who are at risk of entering or who are in foster care and allows states to use federal funds to provide assistance for children to leave foster care and live permanently with relatives. This creates another permanency option for children who likely would have remained in foster care until they “aged out” of the system. DSS formed a work group to study the feasibility of creating Subsidized Custody as a permanency option for children in foster care living with relatives. While a plan was developed, it has not been implemented by the Department.</p> <p>Another barrier to implementing kinship care in Virginia identified by the Advisory Group is the lack of funding provided to local departments of social services for implementation of the Family Engagement Model for kinship care. The Family Engagement Model is a key building block of the Virginia’s Children’s Services System Transformation, which establishes a structured and deliberate approach to partnering with families. This model is designed to involve the entire family in making decisions about the best interests of children at risk for abuse and neglect. Family engagement recognizes that all families have strengths, families are the experts on themselves, families deserve to be treated with dignity and respect, families can make well-informed decisions about keeping their children safe when supported, family involvement in decision making improves outcomes, and a team is often more capable of creative and high-quality decision-making than an individual. However, local social service workers indicate that accessing training on this model is difficult and that other barriers to kinship care must be addressed prior to the statewide implementation of the model.</p>	
<p>Finding #4 – There is no data on the number of informal kinship care arrangements in Virginia.</p> <p>Kinship care is typically divided into the subcategories of formal and informal care. Formal kinship care is the care provided under auspices of the state. In a formal kinship care arrangement, the child is in the custody of a local department of social services and living with a relative who is an approved foster parent. In a formal kinship care arrangement, assistance includes:</p> <ul style="list-style-type: none"> • annual training to develop knowledge and improve skills regarding meeting the needs of the child; • a monthly stipend for the child’s basic care requirements; and • the management of the child’s behavior. <p>In an informal kinship care arrangement, the child is not in the custody of a local department of social services.</p> <p>Because of the lack of DSS involvement, it is extremely difficult to gather data on informal kinship care. It has been reported that Virginia ranks last in the nation in the number of children placed in formal kinship care arrangements. Informal kinship care placements; however, are not acknowledged in this ranking. Local departments of social services have noted that informal kinship care arrangements have diverted children from entering the foster care system. DSS is studying kinship care diversion as placement option for permanency. The Child Welfare Strategy Group, part of the Annie E. Casey Foundation, and Child Trends is working with DSS to conduct a study focused on identifying practices and philosophies around using kin as a way to prevent bringing children into foster care. This research will assist in the development of a diversion practice model.</p>	<p>Request the Department of Social Services update the Commission on Youth on the Kinship Care Diversion Project, which will help identify the number of children diverted from foster care and placed with kinship providers. This update will include outcome data and cost savings of such diversion. This update will take place prior to the 2012 General Assembly Session.</p>

Findings/Conclusions	Recommendations - Adopted
<p>Finding #5 – Barrier crime laws in Virginia which apply to kinship care placements are overly-restrictive.</p> <p>Relatives pursuing formal kinship care must undergo criminal background checks identical to foster care families. Virginia has created a statutory list of crimes barring formal kinship care applicants for life, enumerated in the <i>Code of Virginia</i> § 63.2-1719. Specifically, burglary and possession of drugs are the main concerns for foster care because, unlike in other states, both offenses in Va. have lifetime look-back periods. For example, relatives may be barred from formal kinship care because of a drug charge occurring while they were young. Even if that relative has not had any other law enforcement activity and has been a productive citizen, the drug charge alone bans them from formal kinship care. During FY 2010, 80 cases were found to be ineligible for relative foster care placements because of a barrier crime; the majority of denials involved cases where the barrier crime occurred over 20 years ago. Additionally, Virginia's barrier crime statutes are confusing, with gaps needing to be corrected (e.g., the abduction section of the <i>Code</i> is inconsistent). Clarifying the statute will also strengthen existing gaps in the barrier crimes provisions.</p>	<ol style="list-style-type: none"> 1. Request the Crime Commission evaluate Virginia's barrier crime statutes in the <i>Code of Virginia</i> and offer recommendations which will make provisions consistent while reducing existing gaps in these statutes. The Crime Commission will update the Commission on Youth on the findings from this study prior to the 2012 General Assembly Session. 2. Request the Department of Social Services, with assistance from the Office of the Attorney General, to annually review and update the listing of barrier crimes impacting the licensure of foster or adoptive parents approved by child-placing agencies and family day homes approved by family day systems. The barrier crime listing will be distributed annually to all local departments of social services.
<p>Finding # 6 – Kinship caregivers frequently face challenges enrolling the child placed in their care in school.</p> <p>Public school officials assume that children must live with their biological parents or a legal guardian in order to register. Section 22.1-3 of the <i>Code of Virginia</i> outlines various categories creating "presumptions of residency" for purposes of receiving a free public education. However, these categories, as well as the school enrollment process, need to be clarified for relative caregivers who are informal kinship care providers. This was addressed in two Attorney General's Opinions dated December 1, 1987 and June 14, 2007. The issue presented was the availability of a free education for a child in the legal custody of someone other than a parent. The Opinion noted that a school division may not refuse to provide a free education to a bona fide resident of the school division based solely on the categories in § 22.1-3. of the <i>Code</i>. These categories create "presumptions of residency" and, therefore, entitlement to the free education offered by that school division. The Opinion concluded that these statutory categories were factors for school divisions to consider in determining the residence of a child. However, situations in addition to those listed in the <i>Code</i> may also entitle persons residing in a locality to free admission to public schools in the locality. Local school divisions must provide the opportunity to demonstrate a <i>bona fide</i> residence and make a determination based on all pertinent facts. The categories listed in § 22.1-3 are not exclusive but are factors school divisions may not refuse to provide free education to a <i>bona fide</i> resident of the school division based solely on the categories set forth in the <i>Code</i>.</p>	<ol style="list-style-type: none"> 1. The Commission on Youth will convene an advisory group of representatives from impacted agencies and stakeholder organizations to study ways to clarify the school enrollment process for informal kinship caregivers. Legal guardianship will also be addressed in this review. The advisory group will formulate recommendations to be shared with the Commission on Youth prior to the 2012 General Assembly Session. 2. Request the Virginia Department of Education to issue a Superintendent's Memorandum outlining the Attorney Generals Opinions which state local school divisions may not refuse to provide free education to <i>bona fide</i> residents and that enrollment determinations be made based on all pertinent facts. 3. Request the Virginia Association of Elementary School Principals, the Virginia Association of Secondary School Principals, the Virginia School Board Association, and the Virginia Association of School Superintendents include information from the Attorney General's Opinions clarifying local school divisions may not refuse to provide free education to <i>bona fide</i> residents and enrollment determinations be made based on all pertinent facts at their annual conferences and trainings.

Findings/Conclusions	Recommendation
<p>Finding # 7 – The due diligence search requirement for locating relative caregivers can be problematic for smaller local departments of social services. Guidance is needed to assist in fulfilling this mandate.</p> <p><i>The Fostering Connections to Success and Increasing Adoptions Act</i> requires states to exercise due diligence to identify and provide notice to all adult relatives of the child within 30 days after the removal of a child from the custody of the parent. The state must inform relatives of their options "to participate in the care and placement of the child" including the requirements "to become a foster family home and the additional services and supports that are available for children placed in such a home." This requirement will allow relative caregivers to be informed of the option which may enable them to care for their related children.</p> <p>Identification and notice requirements are intended to connect children to their extended family early in their involvement with the child welfare system. However, local departments of social services, particularly smaller or rural departments have expressed concern about fulfilling the due diligent search requirement. Many localities have started utilizing databases or web-based social networking sites. However, additional guidance would be appreciated, particularly guidance regarding accessing existing web-based databases, partnering with other localities, and integrating diligent search into exiting steps in the child welfare process.</p>	<ol style="list-style-type: none"> 1. Support the Virginia Department of Social Services in their efforts to provide training to local departments of social services on family engagement, technical assistance on the requirements of diligent family search, and strategies for rural localities. 2. Support the Virginia Department of Social Services' efforts to obtain funding for a family locator search engine, e.g., Accurint®, which will assist local departments of social services in their efforts to perform due diligence searches and identify extended family to help children maintain connections with their families.

SJR 358 (2003)
Update of *Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs*

Blue text indicates Recommendation was adopted by Commission on November 15, 2010.

Findings/Conclusions	Recommendations - Adopted
<p><u>FUTURE BIENNIAL UPDATE</u></p> <p>The <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM) is the American Psychiatric Association's publication considered by practitioners throughout the world to be the definitive source by which to classify mental illnesses. This publication provides an empirically-sound source of diagnostic information on which clinicians can rely in planning treatments and predicting outcomes. A comprehensive revision of the diagnostic criteria set forth in the 2000 edition is underway. The final draft of <i>DSM-V</i> is expected to be completed by May 2013.</p> <p>The anticipated changes will likely have dramatic impact the next update of the Commission on Youth's <i>Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs</i>. Changes to the <i>DSM-V</i> are expected to include the following:</p> <ul style="list-style-type: none"> • recategorizing learning disorders; • the creation of a single diagnostic category for autism and other socialization disorders; • replacing "mental retardation" with "intellectual disability" • changing the three ADHD subtypes; • eliminating "substance abuse" and "substance dependence" as disorders, to be replaced with a single "addiction and related disorders" category; • offering a new assessment tool for suicide risk; • adding a new disorder in children, "temper dysregulation with dysphoria," describing negative mood with bursts of rage; and • revising criteria for some eating disorders, including creation of a separate "binge eating disorder" distinct from bulimia. 	<p>The Commission on Youth will update the next biennial revision (5th Edition) of the <i>Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs</i> during the summer of 2013 to coincide with publication of the revised American Psychiatric Association's <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> <i>DSM-V</i> slated to be published in May 2013.</p>

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